

Renovation Recordkeeping Checklist

Name of Firm: _____

Date and Location of Renovation: _____

Brief Description of Renovation: _____

Name of Assigned Renovator: _____

Name(s) of any Trained Worker(s): _____

Name of Dust Sampling Technician,
Inspector, or Risk Assessor, if used: _____

_____ Copies of renovator and dust sampling technician qualifications (training certificates, certifications) on file

_____ Certified renovator provided training to workers on (check all that apply):

_____ Posting warning signs

_____ Setting up plastic containment barriers

_____ Maintaining containment

_____ Avoiding spread of dust to adjacent areas

_____ Waste handling

_____ Post-renovation cleaning

_____ Test kits used by certified renovator to determine whether lead was present on components
affected by renovation (identify kits used and describe sampling locations and results):

_____ Warning signs posted at entrance to work area.

_____ Work area contained to prevent spread of dust and debris

_____ All objects in the work area removed or covered (interiors)

_____ HVAC ducts in the work area closed and covered (interiors)

_____ Windows in the work area closed (interiors)

_____ Windows in and within 20 feet of the work area closed (exteriors)

_____ Doors in the work area closed and sealed (interiors)

_____ Doors in and within 20 feet of the work area closed and sealed (exteriors)

_____ Doors that must be used in the work area covered to allow passage but prevent spread of dust

_____ Floors in the work area covered with taped-down plastic (interiors)

_____ Ground covered by plastic extending 10 feet from work area-plastic anchored to
building and weighed down by heavy objects (exteriors)

_____ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors)

_____ Waste contained on-site and while being transported off-site

_____ Work site properly cleaned after renovation

_____ All chips and debris picked up, protective sheeting misted, folded dirty side inward, and
taped for removal

_____ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops
(interiors)

_____ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and
dry cloths used):

_____ if dust clearance testing was performed instead, attach a copy of report.

_____ I certify under penalty of law that the above information is true and complete.

Name and Title

Date